Student Application Form

STUDENT INFORMATION

Name DOB Gender Applying for: Grade

_____

_____

_____

_____

Mailing & Physical Address (**if different**): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Resident School District: _____

PARENT INFORMATION

Is either parent/guardian a graduate of Prentiss Christian? Yes No

If so, please list name and year graduated: _____

Student lives with: _____

Father's / Mother's Name: _____

Mailing & Physical Address (**if different from child's**): _____

City: _____ State: _____ Zip: _____

Father E-mail: _____ Mother E-mail: _____

Father cell: _____ Mother cell: _____

Father Employer & Occupation: _____

Mother Employer & Occupation: _____

Church Affiliation: _____ **Pastor:** _____

STUDENT EDUCATIONAL INFORMATION

List all schools attended, including Kindergarten.

Name of School City/State Grades Attended

_____

_____

_____

Mailing address, phone number, and fax number/e-mail of most recent school attended:

_____

_____

_____

Year the student entered the 7th Grade (if applicable): _____

Year the student entered the 9th Grade (if applicable): _____

Please provide a copy of your transcript or last report card.

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation: _____

Please **attach** any custodial court documents if more than one parent does or does not have right to educational decision. Please give a brief explanation: _____

_____

Has this student ever been suspended from a school **YES** or **NO**?

If yes, please explain_____

_____

Has this student ever been expelled or recommended for expulsion from a school **YES** or **NO**?

If yes, please explain_____

_____

Please **attach** a description of the nature of any previous disciplinary problems, including any criminal or youth court proceedings.

Any misrepresentation of the above questions will result dismissal.

Please **attach** a description of any physical, mental, or emotional needs this student may have.

Does this student require any special medication? _____

Please give a brief explanation: _____

_____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes (athletics, arts, etc.):

_____

_____

Names of students requiring bus service: _____

_____

Is your family new to PC? YES NO

If so, please give the name of the family that referred you: _____
Please obtain and fill out a Refer-A-Family application to be turned in with this application. ***A new family is defined as a family with one or more children, under the same roof, who are not enrolled at PC currently or during the previous school year.**

Please include two references other than family members:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

DOCUMENTS REQUIRED FOR BOARD APPORVAL (PLEASE ATTACH with this APPLICATION)

____ Updated Immunization (MS 121 FORM)

____ Birth Certificate

____ Social Security Card

____ Report Card or Transcript

____ Custody papers if applicable

TERMS AND CONDITIONS

A. Information on current policies will be made available in the Student Handbook. School policies are subject to change. Policy changes will be announced by due notification.
B. Applicants agree to abide by all school policies, rules, and regulations, including provisions for dress codes and discipline. Prentiss Christian School has full discretion in the discipline of students while at school, including corporal punishment.

PARENT AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions. I do agree to comply with everything stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Prentiss Christian School, including the payment of all fees and charges according to the published schedule of the school.

Names of people (**other than parents**) with your permission to pick your child up from school and their relationship to you and your children. Please call the school if there are changes to this list.

Name/Relationship/Phone #

_____

_____

_____

_____

_____

This application cannot be processed until the registration fee is paid in full and the application is signed by the parents of the applicant.

Parent/Guardian Signature & Date: _____

Parent/Guardian Signature & Date: _____

Vision

Inspiring Excellence, Integrity, and Citizenship with a Biblical Foundation

Mission

Prentiss Christian School is developing next generation leaders through a quality education taught from a Biblical worldview.

Office: 601-792-8549
Fax: 601-419-6353
P.O. Box 1287, 1643 Amanda Street, Prentiss, MS 39474
E-mail: rmay@prentisschristian.org Website: **prentisschristian.org**

Prentiss Christian School admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, and athletic and other school administered programs.

For Office Use Only:

Date & Amount Received: _____

Date family was contacted: _____

Date Application Accepted or Denied: _____

Revised: 11/19/2026